FOURTH ANNUAL CONFERENCE of PSYCHOLOGISTS in THE ARMY MEDICAL SERVICE

30 AUGUST 1961
COMMODORE HOTEL
NEW YORK CITY
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(U) The Proceedings document the 1961 Annual Conference of Psychologists in the Army Medical Service. Reports were presented on: the clinical psychology programs at the General Hospitals and Mental Hygiene Consultation Services, the internship training programs, diagnostic testing, test administration and interpretation, research methodologies, consultations, therapies, training and education, psychophysiological research, and trends in Army psychology.

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HEADQUARTERS
DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO

This booklet presents summaries of addresses given at the Fourth Annual Conference of Army Psychologists in New York City, on 30 August 1961. The Conference was held under the auspices of The Surgeon General, Department of the Army. Approximately twenty-five Psychologists were in Attendance.

The summaries were prepared in advance of the meeting by the authors, thus making it possible to place in the hands of Army Psychologists, at an early date, a general copy of the proceedings.

It should be noted that the views and opinions expressed herein are those of the respective authors and do not necessarily represent those of The Surgeon General, Department of the Army, or the Department of Defense.

The Conference offered an outstanding opportunity for a review and discussion of the psychology programs in a wide variety of settings and included reports by both Experimental and Clinical Psychologists. Unfortunately, neither the atmosphere nor the spirit of the meeting can be carried in this booklet. These papers will, however, provide a general overview of material covered.

We express deep appreciation to the officers and associates who generously contributed their me, thought, and enthusiastic cooperation to the planning and ying out of this Annual Conference.

L R. WILKIN
olonel, MSC
ology Consultant

FOURTH ANNUAL CONFERENCE OF PSYCHOLOGISTS
IN THE ARMY MEDICAL SERVICE

Office of The Surgeon General
Department of the Army
Washington 25, D. C.

30 August 1961

Parlor B
Commodore Hotel
New York City, New York

Chairman: Wendell R. Wilkin, Lt. Col., MSC
Psychology Consultant, OTSG

0800 - 0830 Registration

0830 - 0840 Welcome - Col. Frank Partlow, MSC
Representing, the Surgeon
First United States Army
Governors Island, New York

0845 - 0905 Psychology and the Army Medical Service - 1961
Roy D. Maxwell, Col., MSC
Chief Medical Service Corps
Office of The Surgeon General
Department of the Army
Washington 25, D. C.

0905 - 0920 Epitomized Description of Psychologists' Activities ---
Medical Field Service School
Frederick A. Zehrer, Col., MSC
Chief Office of Education Services
Medical Field Service School
Brooke Army Medical Center
Ft. Sam Houston, Texas

0920 - 0930 Clinical Psychology Program --- Brooke General Hospital
Harold Russell, Major, MSC
Chief, Clinical Psychology Service
Brooke General Hospital
Brooke Army Medical Center
Ft. Sam Houston, Texas

0930 - 0945 The Clinical Psychology Program - Letterman General Hospital
William Lysak, Captain, MSC
Assistant Chief, Clinical Psychology Service
Letterman General Hospital
San Francisco, California

0945 - 1000 Clinical Psychology Program - Walter Reed General Hospital
Carl Lauterbach, Capt. MSC
Acting Chief Clinical Psychology Service
Walter Reed General Hospital
Washington 12, D. C.

1000 - 1095 The Clinical Psychology Program - Fort Dix
Jacob Lubetsky, 1st Lt., MSC
Clinical Psychology Section
Mental Hygiene Consultation Service
Ft. Dix, N. J.

1015 - 1030 Psychology Program Service -- Ft. Riley, Kansas
Marvin S. Hurvich, 1st Lt., MSC
Mental Hygiene Consultation Service
Fort Riley, Kansas

1030 - 1045 The Clinical Psychology Program - Ft. Belvoir, Va.
Donald Carter, Major, MSC
Chief, Clinical Psychology Section
Mental Hygiene Consultation Service
Fort Belvoir, Virginia

1045 - 1100 The Clinical Psychology Program - Ft. Bragg, N. C.
Robert S. Nichols, Capt., MSC
Chief Clinical Psychology Service
Mental Hygiene Consultation Service
Fort Bragg, North Carolina

1100 - 1115 Research Program in Psychophysiology at the U. S. Army Medical Research Laboratory - Ft. Knox, Kentucky
George Crampton, Major, MSC
Psychology Division
Army Medical Research Laboratory
Ft. Knox, Kentucky

1115 - 1130 Some Behavioral and Physiological Studies - Walter Reed Army Institute of Research
Harold L. Williams, Major, MSC
Chief, Dept. of Clinical and Social Psychology
Walter Reed Army Institute of Research
Washington 12, D. C.

1130 - 1145 The Psychology Program in the Army Medical Service --
Consultant's Report
Wendell R. Wilkin, Col., MSC
Psychology Consultant
Office of The Surgeon General
Department of the Army
Washington 25, D. C.

1200 - 1400 INTERMISSION
Luncheon

1415 - 1645 OPEN DISCUSSION

1645 - 1900 SOCIAL HOUR, Grand Ballroom, Roosevelt Hotel
New York City, N. Y.

PSYCHOLOGY AND THE ARMY MEDICAL SERVICE ---1961*

Colonel Roy D. Maxwell, MSC**

It is indeed a pleasure to be here with you and an honor to again be invited to speak to you about Psychology and the Medical Service Corps. Last year I directed my remarks to you primarily on the status of the Corps. Since that time I have visited several installations and have discussed our status and also I have sent three newsletters which contained much detailed information which I felt that you would like to have. Thus, today, I am going to discuss briefly some of the ways in which I believe you can increase your effectiveness as an Army officer while you are developing your skill as a psychologist.

True development can be measured for growth and for effectiveness, provided we use a reasonable time limit as our fundamental unit. If we use a day or a week as our unit, there is no noticeable change. However, when we look back to 1947 and compare with today, the changes are enormous and mostly to our credit. In 1947 almost without exception, the four sections organized by law into the Medical Service Corps wanted a Corps of their own. Some of the die-hards still speak of this, but by-and-large time has changed this and we find by close association with our fellow MSCs that we have a single mission albeit with multiple facets and that after all there is strength in unity.

During the interval of 16 years since the close of World War II, the internal structure of the Army and particularly the Corps has changed considerably. We have endeavored to have individual career patterns for personnel and to give them an opportunity to develop into specialists in their field of interest. The code of occupational specialties has been rewritten and revised many times to include the inevitable changes brought about by our changing world and our changing national economy. All of the changes reflect new ideas of expansion, contraction, consolidation, or elimination. None remained static. Our career patterns have been developed to include these changes, and best of all, every pattern that is written is continually reviewed for the purpose of improvement.

During the past six years there have been 17 Career Patterns established, printed and distributed, then re-written and re-distributed where necessary. I picked up the latest one for the Psychology Career Field while preparing this discussion, and I was amazed at the depth and breadth of education and

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*Paper presented at meeting of Army Psychologists, Office of The Surgeon General, 30 August 1961, in New York City, New York.

** Chief, Medical Service Corps, Office of The Surgeon General, Department of the Army, Washington, D. C.

experience which is required of you psychologists before you arrive to place in your career of Key Assignments and Maximum Utilization. The areas of key assignments and maximum utilization are so important that I want to reiterate them here.

Key Assignment Period (16-23 years)

"OBJECTIVES: (a) To provide leadership for Psychology programs in key assignments, (b) To contribute to advancement of science through research, participation in national organizations, and contributions to literature, and (c) To contribute to AMEDS accomplishments beyond the dimensions of clinical practice.

POSSIBLE DUTIES: Chief psychologist in large post mental hygiene consultation service, USDB, or hospital; Chief or director of psychology agency or service in AMEDS R&D Command; Staff Officer (educational, research, and advisor), Medical Field Service School; Psychological Consultant to command or agency; Chief of Clinical Psychology Branch, faculty, Medical Field Service School. Selected officers may attend the Industrial College of the Armed Forces (42 weeks) or the Armed Forces Staff College (20 weeks) and short high-level civilian and military courses related to psychology, medical institutional management, and military medical administration.

Maximum Utilization Period (over 23 years)

OBJECTIVES: To obtain maximum utilization of officers through assignments of increasing responsibility as determined by demonstrated ability. Exceptionally qualified officers selected for top level assignments.

POSSIBLE DUTIES: Chief psychologist in large mental hygiene consultation service or large Class II hospital, medical center, or hospital center; Chief of psychology research team, AMEDS R&D or DA; Clinical Psychology Consultant, overseas theater headquarters; Clinical Psychology Consultant, major command; Chief, Research Psychologist, Hq AMEDS R&D Command; Psychology Consultant, OTSG, Allied Sciences Section, OTSG, Chief, Medical Service Corps."

Let us examine the background of these statements, then investigate possibilities for an individuals growth into the period of senior officer, being trained and ready for maximum utilization.

For several years we have had a good program of recruitment for psychologists with a residency program that will stand up under close scrutiny by any group. We have emphasized a balanced program which includes (1) Research (2) Behavior modification (3) Teaching (4) Psychological assessment and (5) Service consultation. You have been able to expand the Mental Hygiene Consultation Services so that there is real support of your program. You have been able to decrease the population of Army Stockades by your diligent and Herculean efforts. You have effectively dealt with the problems of psychological assessment for many different age groups.

Yet how many of these broad-base activities lead to the maximum utilization period so that you will receive the rich reward which you so rightly deserve? It would be heresy for me to say that if you keep your record clean and live long enough that you will be promoted to the grade of Colonel and given the top job in your career area. This might happen, but by-and-large you earn these through your individual efforts.

Individual efforts without direction are less than desirable, although I must be the first to admit that I am unaware of a formula that will insure success. I believe that there are certain avenues of approach which will develop individuals quite rapidly in the direction of personal satisfaction in his job. These can be summed up briefly as effective management and effective communication. Whenever an individual reports to you, or you make out his efficiency report, management efforts are being exerted, and effective management requires adequate understanding by both the manager and the managed. You help mould the community simply by touching the lives of so many people during the day, for example supply personnel, professional people and many other individuals both civilian and military of all grades and ranks. You have a unique opportunity to practice good management techniques by being friendly. I am sure that often you are preoccupied and not interested in long conversations. Being friendly and helpful to all with whom you come in contact will point the way, then they can take it from there.

In the book Communication Through Reports, Paul Douglass opens the text with the following statement:

"In modern management sound thinking depends upon the flow of reliable reports. The report gives to an active mind the information necessary to make wise decisions. By logical arrangement and concise statement, with clarity and visual simplicity, it digests and brings to usable focus the results of a thorough inquiry into a problem. The report communicates information on the basis of which an executive can understand a situation, make a decision, initiate action, and control outcomes. Thus it serves as a good report puts the product of hard thinking into plain words for quick reading to guide prudent action." Then later-----"Management quickly recognizes competence in the preparation of reports; the man who writes them well assumes a position of leadership at every point where accurate information supplies the basis for hardheaded discussion."

Thus, we see that one of the big problems facing us today is that of communications. The hucksters in TV have managed to show us how the inside of our head looks when we are under tension, and they have shrewdly shown us the advantage of using Bayer Aspirin Tablets because they dissolve so quickly in our stomach. How many of you have tried recently to write a memorandum that is easily understood by all who read it. General Motors state that a report should be written with clearness, unity, coherence, and diplomacy. With this in mind, I would like to point out that a report of what you are doing on your job would be of immeasurable importance to an individual who is required to follow you in your job when a transfer is required. It could include items such as what office will give the most help, what units are

found to need the most help, are there living conditions in the community that adversely affect behavior; and a myraid of other items.

To carry this one step further, Major Janda, Chief Psychologist at Letterman General Hospital for four years could give a great deal of help to young officers who find themselves in an assignment within the limits of a large metropolitan area similar to San Francisco, simply by writing a report of his operations. Then we must plan to have the position at MFSS covered when Colonel Zehrer is no longer there by reason of transfer or retirement. Colonel Gersoni, in the R&D Command in the Far East could give many ideas on diplomacy, how to use it, and where it counts the most. Finally, there is Colonel Montague, consultant in psychology for the Medical Service in Europe with the 400,000 military personnel who are stationed there. His experiences in this area would be most interesting information for all of us to have. Other reports, too numerous to mention specifically, written to the OTSG would be read and circulated to interested personnel, who in turn could benefit by your experiences if you include some of the items previously mentioned then summarize by stating your understanding of the effectiveness of your work model.

I want to caution you when assisting others in preparation of their work: Watch the "fog index." Military writing has a tendency to be stilted and verbose, because it has always been that way. Now I don't presume for one minute that any one in this room is incapable of reading Army Regulations, Army Circulars or any intricate paper and interpreting the paper as intended by the authors. However, there may come a time when you will be called upon to "volunteer" to assist in writing a staff paper, research paper, or another document of equal importance. This would be an opportunity for you to give real assistance especially to an inexperienced individual while at the same time you would be unresponsible for the outcome except as it affects all persons called upon to read and interpret the paper. I am convinced that many writers present papers with a view toward confounding their readers and impressing the public. Even the American Chemical Society has taken cognizance of this tendency on the part of writers or more particularly those who present papers at their meetings. They include in their suggestions, among other things, that "Most of us overestimate our ability to speak and to write."

Just in case you have forgotten how to calculate the "fog index," the formula is:

$$\text{Fog Index} = SP + PS \times 0.4$$

SP = Average length of sentence or the number of words divided by the number of sentences.

PS = Percentage of three syllable words (not including those with ed or ing). The fog index is then the grade of the intended reader. Actually, the "fog index" is important to the author in that he may become aware of his problem if one exists. One author defines a "keen mind" as one that can absorb a

complicated problem and state in simple, direct terms that will transfer ideas quickly and accurately to the minds of others. The Lord's Prayer consisting of 69 words is 4/5 one syllable words. Need I say more?

It is difficult to forecast your role in the immediate future, but I predict that your work load will increase instead of decrease. During any time of build up there are periods of discontent of people, personal adjustments to be made, families separated for varying periods of time, any one of which is a problem in normal times. During these uncertain times in which we live, the above problems are those which will require careful counseling by everyone having the skill to help the human understanding to assist. We have been given a program of rearming and a schedule for calling personnel to duty, but from my limited knowledge of your field of endeavor, this in no way delineates your work load. Will the plan to emphasize Civil Defense and Shelter Program adversely affect us? Will the increased earning possibilities of an individual living in the civilian economy as opposed to living in the military service so adversely affect him that your problems will be magnified out of proportion to the build up? I believe "NO" is the answer to both questions. The American people have more intestinal fortitude than to let danger interfere with our pattern of life, even though they may believe that it is a nuisance for the time being. But you may be called upon to help with better management policies, better means of communications and closer contact with those who appear to need help even though they don't ask for help.

You are in this meeting today to discuss ways of becoming more effective in your jobs as psychologists. May I suggest that during your discussions and meditations you include ways and means of meeting your problems by circulating among your clientel in their periods of training in order that you will find out all you can about the situation and with whom you are dealing. If this is judiciously undertaken you can't fail to be of greater influence and help. Yours is an interesting field of endeavor, but it is one of the greatest challenges in our community today. Spend time in meditation so that you can act with directness following a well considered plan. Arrival at the top is not assured, but arrival to a satisfactory place in life for service to others is assured.

MEDICAL FIELD SERVICE SCHOOL
BROOKE ARMY MEDICAL CENTER
FORT SAM HOUSTON, TEXAS

EPITOMIZED DESCRIPTION OF PSYCHOLOGISTS' ACTIVITIES IN MEDICAL FIELD SERVICE SCHOOL

A. Chief, Office of Educational Services. (Col F. A. Zehrer, MSC, MOS A-2232).

Serves as consultant to the Commandant on matters pertaining to education and training. Advises on all matters pertaining to education and training techniques, academic supervision, evaluation of students, academic records, learning techniques, and academic policies. Supervises the operation of the Instructor Training Branch (including the Instructor Training Unit), Academic Records Branch, and Learning Techniques Branch. Supervises, and participates in, education of all potential instructors newly assigned to the School.

Provides inservice faculty guidance on matters pertaining to learning theory, objectives, techniques, and appraisal. Evaluates, and makes recommendations concerning adequacy of instructional methods, materials, plans, and facilities insofar as they effect academic proficiency. Serves as ex-officio member of all curriculum development committees. Reviews drafts of all lesson plans, instructor manuscripts, and supporting instructional items. Conducts surveys of student opinion concerning courses of instruction. Proposes, designs, and conducts operational research in relation to instructing and learning processes.

It is evident that the professional education and experience of a psychologist is used effectively not in the usual diagnostic-treatment sense but in the preventive mental health concept. Evaluation and selection, plus training of potential instructors; recognition of incipient emotional disturbances among faculty members; assisting in resolving anxiety in relation to role playing (instructor); research design activities; appropriate stimulation to develop potential and performance of faculty and students (counseling); use of learning theory in terms of practical instructional programs; guidance in the process of developing effective academic achievement measurement techniques; and provision of guidance in sound education and training policies are illustrative of this statement.

B. Chief, Learning Techniques Branch in Office of Educational Services, (1st Lt David Wark, MSC, MOS D-2232).

Develops, adapts, and uses academic and learning diagnostic techniques and instruments to determine individual (and group, class) student

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#Prepared at request of Psychology Consultant, Office of The Surgeon General, for presentation at Fourth Annual Conference of Army Psychologists, 31 August 1961, New York City in conjunction with the Annual Conference of the American Psychological Association.

efficiency in the various skills essential to effective learning functions. Conducts individual and group counseling. Prepares and supervises individualized remedial education activities for students who manifest inefficient learning habits, attitudes, or practices; improper learning skills; and/or deficiencies in functional reading. Establishes and maintains liaison with course directors and class advisors to facilitate identification of students who require assistance in study methods. Examines reading ability status and learning habits of students in long term courses and all potential instructors. Acts as consultant to instructors in learning efficiency matters.

Conducts operational research in methods of instruction related to learning efficiency. Refers students to staff psychiatrist when need for this is recognized.

C. Psychology Branch, Department of Neuropsychiatry.

The personnel of the Psychology Branch, Department of Neuropsychiatry, currently consists of two officers and two enlisted specialists. (Capt Jay Blank, MSC, MOS D-2232, Chief of Branch and 1st Lt Rosenberg, MSC, MOS D-2232, Assistant Chief,)

A primary function of the Branch is to provide instruction for various enlisted and officer courses at the School. Instruction in the area of personality development is currently afforded the following courses: Social Work Procedures Course, Neuropsychiatric Procedures Course (Basic), and the Military Nursing Advanced Course. The area of personality development attempts to unfold the human personality for the student by following the development of the organism from birth through adulthood. Emphasis is given to the basic principles underlying personality growth and development and their implications for understanding deviant behavior.

The major instructional assignment of the Branch entails the formulation of Programs of Instruction, the scheduling and the supervision of the Clinical Psychology Procedures Course, 8-R-915.1. This eight week course is designed to provide the student with a basic knowledge of psychological theory, test administration, scoring and interpretation. To accomplish this aim training is presented in four distinct areas: The Clinical Psychologist, Personality Development, Statistics, and Psychodiagnostic Instruments. In FY 61, seventy-two students successfully completed this course. The proposed FY 62 schedule calls for four classes, each with a maximum of twenty-four students. The Branch currently makes no decisions with respect to the selection of students for this course. Previous screening procedures have been obviated and students are directly assigned to the course by TAG. Assignments on successful completion of the course are also determined by TAG.

Although the current training in the eight week Clinical Psychology Procedures Course is both vigorous and intense, it can afford the student only a basic knowledge of testing procedures and report writing. To develop the proficiency required of a competent specialist, the student

must be meticulously guided through on-the-job training programs following his graduation. It is only through the methodical efforts of clinical psychology supervisors that the education of these specialists is advanced to a point where they can be of real value to the neuropsychiatric team. It is well to note, neither time available nor background training of students permits qualification training of new specialists in the use of projective techniques.

In addition to the primary instructional mission of the Branch, considerable time is spent in counseling MFSS students who are experiencing problems of an academic or emotional nature. The Branch also offers its services as a consultant to other departments of the School, particularly in the area of research design information.

The Branch welcomes any suggestions an Army Psychologist may have concerning the incorporation or revision of existing instructional materials or procedures to be utilized in the Clinical Psychology Procedures Course. The training and demeanor of the clinical psychology specialist as it reflects upon the Service and the profession of psychology is a responsibility jointly shared by all Army Clinical Psychologists.

CLINICAL PSYCHOLOGY SERVICE - BROOKE GENERAL HOSPITAL*

Major Harold E. Russell, MSC**
and
1st Lt Fred D. Strider, MSC***

Clinical Psychology at Brooke General Hospital is a Service within the Department of Neuropsychiatry existing on an administrative level with Neurology Service, Psychiatry Service, NP Consultation Service and Clinical Social Work Service. The Staff, formerly consisting of two Psychology Officers, has recently been augmented by a third. Anywhere from four to six Psychology Technicians are assigned.

The program at Brooke can be divided into four phases:

1. Diagnostic Psychological Testing. Administration and interpretation of routine psychological batteries to aid in the diagnosis and treatment of patients. Patient load includes retired and active military personnel, dependents of military personnel and beneficiaries of the Veterans Administration.

2. Mental Health Consultation. Mental health consultation (in the Caplan tradition) to Pediatric and other groups within the hospital proper; to the Medical Training Center Mental Hygiene Clinic; and to Military Police agencies including the 85th CID. Extensive mental health consultation to civilian police agencies including workshops (i.e. Santa Fe Police Department), teaching (i.e. San Antonio Police Academy), selection and assignment (San Antonio Police Department and Texas Department of Public Safety).

3. Research. Research continues to play an important part in the overall program of the Service. One current project concerns the validation of the MMPI Suicide Scale (in consultation and collaboration with DHEW Regional Office, Dallas). Future projects will be concerned with problems in psychosomatic medicine, evaluation of Caplan's mental health consultation theory and techniques, and certain epidemiological studies of concern to the military (i.e. distribution of mental disorders by rank and length of Service, distribution of suicide in the Army, etc.).

4. Teaching. In addition to the teaching referred to above, Staff members participate in interdepartmental teaching, Journal Clubs, etc. Classes in "Psychology For Law Enforcement Officers" and in "The Handling of Prisoners" have been held with military police personnel, both at Brooke Army Medical Center and Fort Sam Houston. In addition, through the efforts of this Service, an American University Education Center will be established at Fort Sam Houston this Fall. Its purpose will be to offer college courses leading to the "Certificate in Police Science and Administration" (36 semester hours - MP's and civilian police).

With the addition of the third Psychologist, the present program is expected to be expanded and intensified particularly as regards new areas for mental health consultation and research.

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*Paper read at meeting of Army Psychologists, Office of Surgeon General, 30 August 1961, New York City, New York.

**Chief, Clinical Psychology Service, Brooke General Hospital, Brooke Army Medical Center, Fort Sam Houston, Texas.
***Staff Clinical Psychologist, Brooke General Hospital, Brooke Army Medical Center, Fort Sam Houston, Texas.

The Clinical Psychology Service
Letterman General Hospital

Captain William Lysak
Assistant Chief of Service

I. Clinical Psychology Internship Training Program.

A. Summary report by Education and Training Committee, APA.

1. Evaluation team
   a. Samuel B. Kutash, Ph.D.
   b. Robert E. Harris, Ph.D.

2. Strengths of program
   a. Wide range of inpatients and outpatients with full range of psychiatric and medical problems
   b. Affiliated Speech Clinic.
   c. Variety of tests taught.
   d. Well-trained staff in sufficient ratio to provide intensive supervision.
   e. Excellent relationships with Dept of Neuropsychiatry and related professions.
   f. Training program integrated with residency training program.
   g. Extensive array of seminars, case and inter-professional conferences, journal clubs, teaching rounds.
   h. Progress reports to affiliated universities.
   i. Generally high morale.
   j. Large number of successful intern graduates.
   k. Adequate physical facilities.
   l. Excellent library facilities.
   m. Encouragement of intern research.

3. Weaknesses of program
   a. Distance from hospital and other elements of NP Department.
   b. Excessively intense supervision.
   c. Insufficient caseload for interns.
   d. Excessive time spent in testing.
   e. Introduction to psychotherapy too late in training year.
   f. Insufficient psychotherapeutic experience.
   g. Supervision in psychotherapy by psychiatrists in training.

B. Education and Training Committee Rating - "Approved - potentially outstanding".

C. Improvements Instituted.

1. Clinical Psychology Service relocated in newly redecorated NP Outpatient Clinic with individual offices for each staff member and intern.

2. Supervision ameliorated to encourage intern independence.

3. Intern caseload increased to two per week toward goal of 75 cases for the training year.

4. Interns given experience in brief evaluations.

5. Interns begin both individual and group therapy sooner in training year.

6. Interns obtain experience with five or six cases in individual therapy.

7. Interns are supervised in psychotherapy primarily by staff psychologists.

II. Training Staff.

A. Active Duty.

1. Major Earl J. Janda, Chief of Service

2. Captain Richard A. Cook, Supervisor, Open & Closed Ward Services

3. Captain William Lysak, Supervisor, Outpatient, Child Guidance and Neurology Service.

4. Lt. Robert E. Cetlin, Staff Psychologist

B. Consultant Staff in Psychology

1. Bruno Klopfer, Ph.D. Professor, University of California at Los Angeles. (Rorschach, other projective techniques, Jungian therapy).

2. Read D. Tuddenham, Ph.D. Professor, University of California, Berkeley. (Clinical Research).

3. Robert E. Harris, Ph.D. Chief Psychologist, Langley Porter Clinic and Professor, University of California Medical Center (Clinical Research - MMPI).

4. Margaret Thaler Singer, Ph.D. Consultant, NIMH, University of California Medical School, Langley Porter Clinic. (Projective interpretation, clinical techniques, child psychology).

5. Over 20 psychology consultant visits during the training year.

III. Current Interns and those trained in recent past:

1. Lt. Sheldon Blackman (Ohio State U.) - 1959-59
2. Lt. Jacob Lubetsky (Northwestern U.) - 1958-59
3. Lt. John Smothers (U. of Chicago) - 1958-59
4. Lt. Mark H. Lewin (U. of Wisconsin) - 1959-60
5. Lt. John A. Edwards (U. of North Carolina) - 1960-61
6. Lt. John W. Dresser (Louisiana State U.) - 1960-61
7. Lt. James F. Gillespie (U. of Pittsburgh) - 1960-61
8. Lt. Bernard G. Gray (Brandeis U.) - 1960-61
9. Lt. Raymond B. Vespe (Western Reserve U.) - 1960-61
10. Lt. Leonard Diamond (Catholic U.) - 1961-62
11. Lt. Richard W. Johnson (U. of Minnesota) - 1961-62
12. Lt. Theodore L. Rosenthal (Stanford U.) - 1961-62

IV. Special Problems.

A. Need for civilian speech pathologist at Ph.D. level to provide continuity in speech program and teaching at level commensurate with needs of a training hospital.

B. Need for addition to staff of full-time child psychologist in keeping with the requirements of expanded advanced residency training in child psychiatry.

V. Current Research.

A. Staff

1. Maj. Janda
   a. Patterns of acceptance of marital partners as measured by the Interpersonal Check List.
   b. Prediction of success in medical technician training.
   c. Consensus in psychiatric diagnosis.

2. Capt. Cook
   a. Changes in MMPI profiles with age.
   b. Comparison of verbal and performance IQs of white and negro subjects on the Wechsler-Bellevue.

3. Capt Lysak
   a. Comparison of C.P.I. and interview in predicting potential for rehabilitation of post stockade inmates.
   b. The usefulness of recent dreams in establishing psychiatric diagnoses.

4. Lt. Cetlin

Decrements in expectancy of success in the face of repeated failure were found to vary as a function of speed with which Ss were deprived of different personal skills usable in good striving.

B. Intern

1. Lt. Dresser

Reaction to frustration in problem-solving behavior as a function of the need to achieve.

2. Lt. Gillespie

Aggression in relation to frustration, attack and inhibition.

3. Lt. Gray

a. Family constellation of normal and disturbed marriages.

b. A study in perceptual style.

4. Lt. Rosenthal

Relations between anxiety-proneness and susceptibility to social influence.

5. Lt. Vespe

Phenomenological conceptions of the self and accessibility to the experience of identity.

6. Lt. Diamond

a. The effects of varying training procedures on symbolic learning of animals.

b. Transfer of double-alternation behavior in the laboratory rat in the temporal maze.

RECENT ACTIVITIES OF THE CLINICAL PSYCHOLOGY SERVICE DEPARTMENT OF NEUROPSYCHIATRY WALTER REED GENERAL HOSPITAL*

CARL G. LAUTERBACH, CAPT., MSC**

First, for the entire Clinical Psychology Staff at Walter Reed General Hospital, I wish to extend our greetings to each of you serving in the various Army Medical installations throughout the country and to express our appreciation for this opportunity to exchange ideas and to learn of your psychology programs.

Our staff of five psychologists has remained constant for more than a year now. It includes Lt.Col. Wendell Wilkin as Chief (who, as you know, has his office in the S.G.O. downtown where he serves as the Consultant for all Medical Service Psychology Programs). I serve as Acting Chief and Capt. Hedlund is our Director of Intern Training. Lt. William Vogel is our Chief Psychologist in the NP Consultation Service and Lt. Frank Pedersen is the Chief of the Psychology Section in the Child Psychiatry Service. At present, we have three Clinical Psychology Specialists and one civilian secretary.

With this staff, we have aspired to develop a multi-role conception of Clinical Psychology within this large general hospital setting. One of the several reasons for attempting to broaden the scope of our services has been to provide interns, of which we have four this year, with an outstanding training program that provides breadth as well as intensive experience to assist them in adopting to a diversity of potential roles and functions which they may engage in during their future professional careers.

While I prefer to refer you to your copy of our Intern Training Program for the particulars of this training, I do wish to high light a few significant aspects of this program. Each intern is systematically rotated among the different psychology sections and is similiarily rotated to different staff supervisors in each of the areas of psychodiagnosis, therapy and research, throughout the year. Interns are scheduled to spend about equal time (about 25%) in each of these areas of functioning in order to achieve the balanced training usually deemed desirable at the pre-doctoral non-specialized level of clinical training. The remaining quarter of their time is devoted to various conferences and seminars with a relatively small portion of their time (50 hours) alloted for teaching of psychology to various professional and non-professional groups.

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* Paper to be read at the Fourth Annual Conference of Psychologists in the Army Medical Service. 30 August, 1961. New York City, New York.

** Acting Chief, Clinical Psychology Service, Department of Neuropsychiatry, Walter Reed General Hospital, Washington 12, D.C.

Supervision of these interns is generally intense for the majority of their internship year with at least hour for hour supervision of their therapy and with several hours spent in conferring with them on their diagnostic cases each week. Those of you who have worked with interns know that the many gratifications from such teaching does not include the saving of any time due to the fact that the supervisor usually does not see the patient, since if he did he probably would have spent less total time on the case.

As regards to diagnostic testing (excluding often equal testing for research projects) 473 patients were seen and 1889 tests administered last year according to our annual report. This load is fairly comparable to that reported for previous years demonstrating that whatever other roles we develop, we cannot do so at the expense of this continued major responsibility.

The total amount of psychotherapy carried out by our Service has markedly increased during the last year with 15 patients seen for individual and 45 patients for group therapy in a total of 113 sessions for both types of therapy during a recent month. These figures have been accelerated somewhat by the Family Group Therapy Project, and more recently by the hypnotherapy conducted by Capt. Hedlund since he attended Dr. Watkin's Hypnosis course at the 1960 PDI. Also relevant to the increase is the feeling of the staff that each of us need to keep our hands in our own therapy cases if we are to realistically supervise our interns intensively in this area - otherwise we are in danger of becoming distantly academic in handling the intern who is struggling with his real live frustrated and often frustrating patients.

Each staff member continues to maintain their own research interests and activities at a high level while simultaneously supervising and guiding interns in meeting our requirement that they either progress steadily on their thesis, or at a minimum, engage in a small research project during this year of internship. Two of our three interns last year collected all their dissertation data while at Walter Reed while the third conducted a pilot study which he hopes will provide the basis for a full thesis proposal back at his University this fall.

Several papers have been prepared by the staff during the past year. Capt. Hedlund has completed his Supplementary Scoring Manual on the KTSA and is still collaborating with Lt. David Mills on two papers concerning this technique. He is also engaged with theChief of the Psychiatry Service and Psychiatry Residents in writing a series of papers on follow-up investigations of schizophrenics returned to duty. The first of these papers received a very favorable reception when read by a resident at the American Psychiatric Association Convention last spring.

Col. Wilkin and Lt. Vogel are to be participants in a symposium on the Ineffective Soldier at the forthcoming APA Convention along with Capt. John Devlin, Capt. Robert Nichols and others. Lt. Vogel is reading another paper, a report on his research on the MMPI's of organic patients, during the Convention. I have been joint author of a paper appearing this year in the Journal of Clinical Psychology.

However, the majority of our research tasks now involve the processing of large quantities of data already collected, as in the cases of the Family Group Therapy Project and the project investigating the Percepts Schizophrenics, Neurotics, and Normal Soldiers have of their parents. Several papers have been outlined for these two projects in which Lt. Vogel and I are involved. Lt. Pedersen is initiating a project on the effects of mobility on disturbed and normal military children and a project correlating physiological and verbal analysis of semantic relationships, as a result of conferring with Major Harold Williams of the Clinical and Social Psychology Section of the Walter Reed Army Institute of Research.

Other prominent activities of our Service include the work of Capt. Hedlund and myself on the Neuropsychiatry Research Committee. This Committee, now well established, screens, evaluates, and provides consultation for all projects undertaken in the Department or that involve use of Departmental facilities in any way.

Dr. Vogel is in charge of the residency training program whereby new residents receive an orientation in psychological techniques.

Where do we go from here? We are beginning to have staff participation in the Pediatric-Neurology (CNS) Clinic. This development plus the recent consultative work on hypnotic techniques done through the NP Consultation Service by Dr. Hedlund to various physicians with Department of Medicine and Department of Surgery patients are perhaps our currently most promising ways of furthering our contributions, as a part of the neuropsychiatric team, to the total mission of Walter Reed General Hospital.

THE CLINICAL PSYCHOLOGY PROGRAM AT FORT DIX

Jacob Lubetsky, 1st Lt., MSC

During the last several years the major emphasis of the Clinical Psychology Program at Fort Dix has been on research. The Normal Basic Trainee study, conceived by Lt Marshall and executed by Lts Ekman and Lutzker, is now completed and in press (Journal of Consulting Psychology). The data analysis of the NBT follow-up study has been completed and a first draft has been written by Lt Lutzker, who hopes to publish this study also in the Journal of Consulting Psychology. The data for the Recidivist study is currently being IBM analyzed and final results are expected shortly. On 8 may 1961, a pilot study was initiated to determine the feasibility of evaluating the field program being conducted by the clinic. The essence of the design involved the placing of six randomly selected companies into different types of treatment groups, i.e, a group receiving the complete field program, a group receiving the traditional MHCS approach, and a group receiving essentially no treatment. This pilot study has been completed and written up for private circulation. The study indicated that an evaluation of the field program was indeed feasible, though some limitations seem unavoidable. The data gathered by the study were of interest but, because of the small number of companies used and the short time space involved (one basic training cycle), no definite conclusions could be reached. The success of the pilot study encouraged us to embark on a major project which will involve one entire regiment for a period of about a year. The design of the major project is essentially similar to that of the pilot study. The major project is tentatively expected to commence about 14 Aug.

Our testing program has suffered somewhat through our emphasis on research. We hav e been averaging approximately ten diagnostic evaluations a month. In terms of therapy, for the past two years the Psychology Section has been conducting a group therapy class for officer's wives. In addition, each psychology officer has been averaging about two individual therapy patients on a once-weekly basis.

Captain Hymes is hoping to establish a child guidance clinic. This would include not only testing but also preventive and educational work with teachers, principals, parents, etc.

The Psychology Section has been conducting training sessions for the psychology technicians. The sessions have included such areas as test administration and interpretation, statistics, research methodology, etc. We have been fortunate in obtaining the services of a consultant, Dr. Arthur Carr of the New York State Psychiatric Institute, on a once monthly basis. Dr. Carr has been of invaluable assistance to us in all areas of our operations.

In terms of our personnel, the Psychology Section is authorized two officer slots and seven EM slots. At the present time all officer slots and five EM slots are filled - however, we will lose two of our EMs within a month.

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[1] Paper read at The Fourth Annual Conference of Psychologists, Army Medical Service, New York City, 30 August 1961.

Psychology Program, MHCS, Fort Riley, Kansas
Summary of Address Delivered By
1/Lt Marvin S. Hurvich, MSC
Fourth Annual Conference of Psychologists in the Army Medical Service
30 August 1961
New York City

Fort Riley, which houses the First Infantry Division and its support units, is a post of some 18,000 men. The Mental Hygiene Consultation Service, which is located in a troop area three miles from the post hospital, is staffed by five officers and 13 enlisted men. These include two psychiatrists, two psychiatric social workers, one psychologist, six social work technicians and two psychology technicians. The clinic case load during the last six months has averaged 295 different patients monthly (240 military, 55 civilian dependent) and 477 total patient visits per month (381 military, 96 civilian dependent .) These figures include patients seen at the clinic, in the field and at the Fifth U.S. Army Stockade, which is located on post.

GENERAL CLINICAL DUTIES:

Prior to the introduction of a post wide field program four months ago, the psychologist (with the other professional officers) in addition to other duties, was scheduled six new enlisted personnel and two new civilian dependents per week for evaluation and disposition. The psychiatrists were assigned cases referred for pretrial and preboard evaluation, the psychologist and social workers were assigned cases referred for study and treatment. Since initiation of the field program, both social workers and one psychiatrist spend part time in the field. The psychologist remains full time at the clinic (together with one psychiatrist) to interview referrals from hospital clinics and emergency cases, to aid the psychiatrist in handling pretrial and preboard evaluations, and to carry out the duties of the clinic administrative officer. Thirteen hours of the psychologist's weekly schedule are set aside for intake and treatment, two new civilian dependents being scheduled each week. The psychologist's case load averages about 14 patients, two-fifths service personnel and three-fifths civilian dependents, mostly wives. The high ratio of civilian dependents is a result of the psychologist not currently seeing patients in the field program.

Case supervision includes one weekly hour with a clinic psychiatrist and a group control session every two weeks with reserve officers who are connected with the Menninger Foundation, plus shorter informal conferences with psychiatrists and social workers on particular problems that arise. The psychologist is on NP call every third night at the hospital to advise the POD on the management of patients with acute emotional upset who arrive at the emergency room. A psychiatrist is always on second call for consultation if necessary.

TESTING:

MMPIs were routinely administered to all clinic patients prior to the field program in April. As of now, MMPIs are administered to all cases seen at the clinic for pretrial and preboard evaluation, and to most patients being considered for therapy. The Cattell Sixteen Personality Factor Questionnaire is being used as a screening device and may turn out to be more useful than the MMPI in certain instances.

Referrals for individual testing are accepted from the post hospital clinics and from MHCS personnel. In the past six months an average of ten patients per month have been tested, seven dependent children and three service men. Referrals for children most often specify personality and intellectual evaluation, while for the service men, suspected organic brain damage is the most frequent basis for referral.

When a referral is received, the psychologist discusses with a psych technician what tests to administer, and the test indicators on which to especially focus. If any problems arise during the testing, the tech may obtain immediate consultation with the psychologist. All tests are then scored by the tech, and he prepares a handwritten report in which he summarizes the findings from each test and relates these findings, as far as he is able, to the problem as formulated in the referral. This report is then discussed in a supervisory session with the psychologist, and the final report, revised by the psychologist, is sent out over his signature. The psychologist administers tests only when a Rorschach is called for, or when high ranking service personnel must be evaluated. This occurs about every six weeks.

Each Psych tech is scheduled for one individual supervisory hour per week. In addition, a general training session is held each week for which readings are usually assigned. The focus is on indications for testing, administrative procedures, interpretation and report writing.

RESEARCH: Data are being continually collected to provide information about clinic functioning. Referral rates by unit are scrutinized monthly for unusual increases and decreases. The extent to which clinic board-duty recommendations are followed by command is also scrutinized by unit, and subsequent indices of performance (AWOLs & CMs) are recorded for cases where MHCS recommended separation, but command decided on further trial of duty. Data are currently being collected on post AWOL and CM rates in order to determine whether significant changes in these rates have occurred since introduction of the clinic field program.

Another study now being cross-validated is concerned with some psychological and sociological differences between groups of individuals recommended for administrative separation and for return

to duty. Significant differences were found on a number of MMPI scales (F,Pd,Pa,Pt,Sc and Ma and number of critical items checked, all higher in the board group) and in answers to the questions "Do you drink to excess" and "Do you feel you have been able to adjust to military service". Another aspect of this study is an analysis of the relative utilization of various bits of information (referral data, personal history questionnaire, social history, MMPI and clinical interview) in the board-duty decision process.

One long term project at the clinic involves the questionnaire assessment of "oral"and"Anal" habits and character traits in different diagnostic groups of patients.

A study just getting underway involves the development of a 50 item inventory of remembered child rearing patterns in terms of kinds of discipline, (direct and indirect), acceptance-rejection and the expression of hostility by the parents. Groups to be tested are individuals currently in the stockade who have a prior history of serious offenses and those who do not.

The clinic operates at a high professional level in carrying out its mission of conserving the fighting strength. Affiliation with the clinic has been both professionally and personally rewarding.

MENTAL HYGIENE CONSULTATION SERVICE
FORT BELVOIR, VIRGINIA

Paper delivered by Major Donald S. Carter, MSC at the Military Conference of Psychologists, New York City, New York on 30 August 1961.

In what appears to be an age of rather remarkable change, it seems to me the role of the Psychologist in the Mental Hygiene Service, has not only remained fairly constant, but also surprisingly consonant with the principles of mental hygiene and the ethics of our profession. Whether by accident, sound planning, or drift, we seem to have generally maintained ourselves under the theme of: "A balanced program, derived from a broad base". Therefore, it seems to me that much of what might be considered as revolutionary or evolutionary development, has really been devolutionary in that our policies, procedures, and techniques have remained much the same from year to year -- with perhaps only very slight modifications occurring. Only individual preference or bias -- or the shifting military scene, has affected the general course, and this to only a minimum extent.

The Psychologist at Fort Belvoir, then has been no different a breed of man than his colleqgues elsewhere, and consequently his pattern too, has tended to pivot around two broad principles. The first of these principles deals with the over-la pping functions of the three disciplines. In this concept each of us; psychiatrist, social worker, and psychologist has yielded a part of ourselves to a common fourth - namely, "The Mental Hygienist". In civilian concepts, this is the consulting psychiatrist, the consulting social worker, and the consulting psychologist. This fourth discipline, then becomes by its very title and nature, a singularly most important activity of any Mental Hygiene Service.

Deriving from this principle, emerges the second brocard: The classical CART FORMULA of consultant, assessor, researchist, and therapist with the function of education cutting across the basic four. At Belvoir, our first mission was to emphasize the function of assessment. This involved interpreting psychological policy and procedure to the staff; revision of the composition of reports; and supervision and training of the two assigned technicians.

When this goal was reached, we moved into a research emphasis, becoming particularly interested in such problems as the "Mental Hygiene Service Image" as it appears to the Command, and patients seen one to four times by the clinic staff. Some of these results have been published as part of the regular Surgeon-General's Monthly Report.

At one point over 400 patients were seen individually or in group treatment, in accord with Clinic needs, and consultant, research and assessments were de-emphasized.

At this time our consulting activities predominate; we are a part of the weekly Post School conferences conducted jointly with the health nurse, principals, teachers, and the school psychologist. Further, we are conducting scheduled Command "therapy sessions" involving batallion level officer cadre. At these we have attempted to consult not so much with regard to individual cases (although these are frequently used as examples of larger problems) but have tried to concentrate on major issues such as "high sick call rates", "AWOL rates", and problems of "communication" within the Command. As part of consultant activities we have established intimate relationships with such community agencies as Child Guidance Clinics and

Family Service Agencies. Also, as part of our consultant activities we have been active in the stockade program. At this writing we hold scheduled group therapy sessions with rehabilitative prisoners and weekly conferences with the Confinement Officer and his staff on large prison problems.

With respect to educational or training activities, this is an ongoing function, embracing intraining and lectures delivered to various civilian agencies. Staff lectures were presented to the MHCS Staff, Pediatrics' Service and several hospital wards.

Additionally, the psychologist has been on regular "Mental Hygiene" call - serving as Consultant to the MOD. This is submitted each month on a roster to the Emergency Treatment Room.

As I review the year's activities, it seems to me that we have tended to move from one CART Activity to another as required by clinic needs, and would suggest that perhaps ideally, the clinical psychologist assigned to a Mental Hygiene Consultation Service ought to be prepared to render service in all of the four major areas but prepared to place emphasis on one or the other. It has long been a personal conviction of mine that a psychologist in a Mental Hygiene Consultation Service assignment must accomodate to the specific mission, and structure of the clinic and area in which he serves. Not only must he adjust to special requirements, but must constantly reassess these requirements so as to be able to shift in his emphasis, expand, or contract, or modify in accordance with the needs of the moment. These modifications do not necessarily mean a sacrifice of personal procedure nor do they imply that personal needs must be necessarily severely subjugated to military needs; in fact, I feel for the most part, we have been most fortunate in blending our personal needs with those of the military.

THE PSYCHOLOGY PROGRAM AT FORT BRAGG*

Robert S. Nichols, Captain, MSC**

I am pleased to have this opportunity to discuss with you the psychology program at Fort Bragg. I would like to explain what our program consists of, how we carry it out, and what some of the reasons are for what we are doing.

The program at Fort Bragg has been shaped by four factors. The first is the need that exists for psychological services. This can be illustrated by a few statistics. Fort Bragg has assigned, or associated with it, nearly 35,000 military personnel. In addition, there are an estimated 85,000 dependents and retired personnel eligible for care so that a total of 120,000 persons are eligible for psychological assistance.

The primary function of Fort Bragg is to maintain combat-ready, tactical forces and support elements and to serve as headquarters for the Strategic Army Corps. No basic training is conducted at Fort Bragg and, except for a few schools, such as the Special Warfare Center, there is little specialized advanced training. The primary goal is tactical readiness, the training schedules are very demanding, and units prefer to eliminate a man rather than devote time to rehabilitating him. As a result, the demand for screening and evaluation is heavy, the 208-209 rate is double the Army average, and the stated need for psychological services is more for disposition than for treatment and consultation.

Fort Bragg also has an on-post school system with nearly 4,000 pupils. The system has no psychologist, so it turns to the MHCS psychologist for help. The 2900 military children who attend school off-post also depend on the MHCS for psychological assistance.

The second factor that governs our program is the available staff. The combined Mental Hygiene and Neuropsychiatric staff consists of 5 medical officers, one of whom is a neurologist, and 2 social work officers, but only one clinical psychologist. We have an adequate supply of enlisted psychology and social work assistants. However, a post of our size should have 3 psychology officers instead of one, according to the staffing guide, and this severe understaffing greatly handicaps and limits the program.

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*A paper presented to the Fourth Annual Conference of Psychologists in the Army Medical Service, held on 31 August 1961, in New York City, in conjunction with the Annual Convention of the American Psychological Association.

**Chief, Clinical Psychology Service, Mental Hygiene Consultation Service, Fort Bragg, North Carolina.

The third factor affecting the psychology program is the attitude of the chief psychiatrist. The last 2 chiefs have been primarily interested in hospital-type activities and have placed their emphasis upon routine in-patient and out-patient care without much stress on consultation.

The final factor that shapes our program has been my own determination that the psychology program at Fort Bragg should be a broad and comprehensive one, which would be an example to the hospital and to the post of the wide variety of areas in which a psychologist can be of use. As you can readily imagine, to achieve this goal has sometimes required doing things that were not specifically asked of me, as well as not doing some things that others have suggested I do. I have tried to consciously shape the role of the psychologist as a model of what a psychologist should be rather than simply acquiese in the demands placed upon me.

I shall now discuss what is actually done in 5 major areas; namely, evaluation, treatment, research, training and education, and consultation.

In the area of evaluation, I have steadily decreased the amount of testing of adults. When I first arrived, I worked with "psychiatrists" who had only 6 months on-the-job training. They referred many cases for testing. Our medical staff is now better trained and I see only 4 or 5 adult cases a month for testing.

On the other hand, there has been an extremely heavy demand for evaluation of children. I had been doing all the child evaluations for the last 3 years, and the load ranges between 150 and 200 cases per year. The remainder of the staff has lacked an interest in, or training for, this work and the demand for this service has been growing steadily. The need for evaluation has been so great that I have not had much time to engage in treatment with children, but the diagnostic process has been quite complete. Referrals come from the post and off-post schools, the pediatrics, orthopedics, internal medicine, and urology clinics, and outlying Air Force bases. All children receive an extensive physical, including eyes, ears, and general physical condition, before coming to us. On school cases, we get an extensive report from the teacher. The parents are then interviewed by a social work assistant for a social history and, on the second visit, the child and the parents are interviewed and appropriate testing of the child is undertaken. Following that, I discuss the problem with the parents, make whatever recommendations and dispositions are indicated, and forward a report with our recommendations to the school or other referral agency.

Another active testing program has been the screening of first court-martial cases, using the MMPI, CPI, Otis, and a Personal History Form of attitudes and past background developed by the Adjutant General. Over 200 such cases were seen in 1960. This has been the only routine screening project I have undertaken. In general, I have tried to avoid routine screening because it requires a large amount of work and produces little useful information. Instead, I have stressed

the need to obtain testing only when indicated and then only for specific purposes.

I estimate that I now spend 40 to 50% of my time in evaluation, mostly with children. I regret devoting so much time to this one program and yet the demand for it is so great that it is hard to turn aside from it.

In the area of treatment, I take my share of Mental Hygiene patients along with the rest of the staff. Since my previous assignments were in hospitals, I have avoided working with in-patients and with female dependents as much as possible and have concentrated on military personnel. I have dealt with a broad range of problems, using treatment techniques varying from brief support and environmental manipulation up to weekly therapy over a period of 15 months. Between 25 and 30% of my time is spent in treatment.

One of my primary goals and achievements at Bragg has been to develop an active research program. I believe it is now better understood by the hospital and post personnel that research is a necessary and legitimate function of the psychologist. I have concentrated on applied and operational type research which can be done primarily by the enlisted men with minimal supervision and without the need for complicated equipment, a good library, and a large staff of professional psychologists, since none of these are available at Fort Bragg. The research has been frankly designed to gain recognition for the research role of the psychologist, as well as to acquire information that would be of scientific and military usefulness.

Most of you know about the research done at Bragg so I will be brief in describing it. We have tabulated the characteristics of our patients so that we now know their ages, ranks, length of service, and other personal characteristics and can differentiate among routine referrals, men coming up for administrative separation, prisoners, and those applying for flight clearances.

A second program has been to administer a battery of IQ tests to 91 men, to get normative data on a typical group of military patients. The battery consisted of the WAIS, Otis, Kent EGY Test, Wechsler Memory Scale, Shipley-Hartford, and the scores on the Army Classification Battery. Means and inter-correlations of these scores have been obtained.

The third, and by far the most extensive, research program we have undertaken has been to determine the feasibility of early treatment of first court-martial offenders. Our findings have been given in a research report that you all have so I will say only that we have learned that the administrative and professional problems involved in trying to see first offenders have been so great and the results so poor that we have concluded that such a program in its present form is neither feasible nor wise.

A fourth area of activity has been in training and education. We are very weak in this area. My own enlisted men vary in educational level from the 9th grade level to 2 years of college. None have had formal training in psychology and they have had only the Clinical Psychology Procedures Course at Fort Sam Houston. They are badly in need of further training but I have found I lacked the time and professional library to develop an adequate teaching program. The social work section, which has had more personnel and time, has run a modest in-service training program and my men have been participants in it.

I have done some lecturing, both in and out of the hospital. I give fairly frequent PTA talks, both on and off post. I have lectured to the enlisted personnel at the hospital on interpersonal relationships and patient care, I have given orientation lectures to parents on preparing their children for school, I have lectured to medical aidmen on combat exhaustion and preventive psychiatry, and I have discussed with reservists the role of psychology in the military service. I have also had a few training sessions with the school teachers on post.

In the fifth area, that of consultation, again there has been great neglect. The biggest problem here is time. I have about 20 to 25% of my time available for research, training, and consultation, and the major share of that is spent on research, leaving little time for training and consultation. I have been able to do consultation with commanders on individual cases but effective consultation on broader problems requires extensive knowledge of the policy, mission, personnel, and problems of the units on post, which means getting out in the field and spending time with them. When you have patients scheduled daily at the clinic, this is hard to arrange. The prevailing attitude of my superiors has been that consultation in the field should come only after all clinic appointments have been met. The social work section, which has 2 officers, has freed up one of them to spend about half-time in the field. I should like to do something of a similar nature and may receive more encouragement to do it during the coming year.

Despite the problems, I have done some consultation. I have fairly extensive contacts with the on-post schools and have done in-service training with the teachers and administrative staff, as well as with the parents. I went on a field trip with the 7th Special Forces in February to learn more of their problems and am trying to continue to develop extensive contacts with this unit as a prelude to a more active consultation program. I have also been asked by the hospital commander to develop a selection battery for 7th Special Forces men who are to receive training as advanced medical specialists, so they can do medical work in isolated areas with these guerrilla advisory teams. I have also prepared a memorandum on a post policy for management of attempted suicides. We were also asked if we could help reduce the high vehicular accident and death rate. The outcome was that the MPCS now receives from the military police the names of repeated offenders and those with unusual offenses. These names are sent to me, one of my staff investigates the situation to see if the

person needs assistance and, when appropriate, the offender is brought in for help.

There is, in short, a need for psychological consultation and, if I could get out of the clinic and, in a sense, "wheel and deal" more, I am certain that a very active consultation program could be developed. However, this would reduce the number of patients seen in the clinic and, until we get the size staff we need, or permission to reduce our routine load, it will be difficult to develop an effective consultation program.

I might mention one other kind of activity I engage in, which is extra-curricular and community activity. As mentioned, I have given a number of PTA talks. I have also participated in career day activities at local high schools, describing psychology as a career, and these programs have been extremely successful. I am a member of the Cumberland County Mental Health Association and, in February, attended the state convention as their delegate, where I gave a talk on clinical psychology as a mental health career. I belong to the North Carolina Psychological Association and was a member of the legislation committee which tried, unsuccessfully, to get a certification bill passed in the 1961 legislature. I also teach nights at Fort Bragg for the Extension Division of the North Carolina State College, and have developed many of my post contacts through this medium.

In summary, I would say that I have been quite active in the areas of evaluation, therapy, and research. I have reduced the amount of time devoted to evaluation, particularly routine testing, while increasing the amount of time spent on research. I have also maintained an active therapy load. I have tried to develop a more active consultation program and intend to continue with this as much as possible in the coming year. I have been least successful in developing a teaching program.

As I see it, the chief unmet needs at Fort Bragg are to increase the staff to the 3 psychologists who should be assigned and then to expand the consultation program considerably, and to develop a much more active training program, both with our own Mental Hygiene staff and with other hospital personnel, such as nurses, management officials, and others. I think this service would be accepted if I had time to provide it. This leads me to my final comment which is that work at a Mental Hygiene Clinic is challenging and stimulating, with a wide variety of tasks that are interesting and useful. The chief frustration, however, comes from working in severe professional isolation and having only one-third of the psychologists we should have so that I am constantly forced to turn down legitimate requests for my services which I could and would like to meet but do not have the time for.

RESEARCH PROGRAM IN PSYCHOPHYSIOLOGY AT THE U. S. ARMY MEDICAL RESEARCH LABORATORY, FORT KNOX, KENTUCKY*

Introduction

The mission of the Psychology Division is to provide for a broad program in basic psychophysiology designed to support the human factors engineering research programs of all of the technical services. The research program is aimed at the long-time view of development requirements.

Physical Plant, Support Activities and Location

The Division is housed in two two-story frame barracks buildings and one one-story frame building. In addition, a special anechoic chamber is located near the complex. All of the buildings have been extensively rennovated. The laboratory provides machine shop, electronics, glass shop and related activities. Fort Knox provides excellent on-post housing and facilities for military personnel. Civilian staff members ordinarily live near Louisville, some thirty miles distant.

Organization

The Division is fluently organized around five tasks. These tasks, in turn, are determined by traditional problem areas in experimental psychology and the availability of experienced staff members. Our formal organization consists of 7 civilians (Ph. D.), 6 officers (Ph. D.) and 17 enlisted technicians, but the actual strength has been determined more by availability of personnel than any formal structure.

Research Program

A description of the projects is a description of the main interests of the current staff. New staff members may well branch out into new areas within the broad limits of basic support to human factors engineering. The trend within the laboratory has been one of extending the research topics beyond the narrow confines of human sensory-motor problems. The following statements offer brief descriptions of the five tasks, although it must be added that a member may perform research in several of the tasks and one is not limited from a broad participation by the formal organization.

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*Abstract of presentation by Major George H. Crampton to the Fourth Annual Conference of Psychologists in the Army Medical Service, 30 August 61, Commodore Hotel, New York City.

Vision Branch. This group has been largely concerned with a psychophysical approach to the problems of three dimensional space perception. The facilities include three vision alleys with extensive equipment for the examination of monocular and binocular function.

Audition Branch. Examination of the acoustic reflex has disclosed certain controlling parameters. Evaluation is being accomplished to determine if the reflex has a practical application in protection from high impulse sound. Other work concerns auditory psychophysics, vigilance and variables associated with accurate detection of auditory signals. New work will begin which will evaluate destructive sound levels in animals by means of behavioral techniques. Facilities for the branch include a sophisticated anechoic chamber as well as a mobile sound laboratory.

Psychomotor Branch. Bio-mechanics of body-limb control relationships are studied along with some dynamic aspects to include fatigue and its alleviation with drugs. Performance and fatigue variables are studied in situations involving extended duty in military vehicles on a specially designed driving course which demands of the drivers the utmost in skill and vigilance.

Vestibular Function Branch. Investigations are undertaken on both man and animal designed to elucidate the critical variables for performance under unusual acceleration environments. The experimental approaches vary from electrode implantation and single-unit recording to psychophysics. The equipment now consists of two turntable stimulators and a wide variety of recording equipment, all housed in a separate building.

Complex Processes Branch. This branch is concerned with activities less sensory in nature but more related to response processes. For example, studies on avoidance conditioning in animals, analgesic drugs, discrimination problems in monkeys, and brain ablation studies in monkeys are all incorporated administratively within this branch. In addition, a substantial program involved with communication techniques and vigilance studies has been undertaken.

Relationship to Technical Service Laboratories

Our support responsibilities to the technical services human factors programs are met in three principal ways. Pre-publication laboratory reports are sent directly to all Army laboratories. The results of our investigations are read at professional meetings and published in the regular

journals of the various societies, and the staff is "on call" as consultants to each of the technical services.

Summary

In the last fiscal year this group contributed a total of more than sixty laboratory reports, journal publications and papers read at meetings. Several consultations were held with the technical services and federal agencies. In short, the trend is toward greater participation in professional society activities and toward the investigation of a broader spectrum of topics within basic psychophysiology.

Some Behavioral and Physiological Studies at Walter Reed[1]

Harold L. Williams, Major, MSC[2]

Research in the two Departments of Psychology, Walter Reed Army Institute of Research, ranges from attempts to train the flatworm in a water maze to studies of intertribal disputes in Somalia. Because of the vast number of studies bracketed by these two extremes, it is possible to give you only a small amount of information about the program. I will tell you something about how the research program is organized and give some idea of the progress in a very few studies. The Division of Neuropsychiatry has five Departments under the direction of Dr. David Rioch. The Departments are Neurophysiology, under Robert Galambos; Neuroendocrinology, under John Mason; Psychiatry, under Kenneth Artiss; Experimental Psychology, under Joseph Brady and Clinical and Social Psychology, which is under my supervision. Within the Departments there are various special and rather autonomous sections; for example, Neuroanatomy, directed by Walle Nauta and Sensory Psychophysiology under John Armington. The breakdown of the Division by Departments and Sections is useful for military administration, but does not reflect the functional organization of the Division. The Division's research is organized by projects, most of which involve personnel and equipment from two or more Departments or Sections. I will concentrate on several projects to which the Division has given considerable support in the past few years.

The Stress Project

In this series of studies both animals and humans are exposed to various types of psychological and physiological stress. Before, during and after the period of stress, scientists from several specialties take behavioral, endocrinological and physiological samples. A fairly typical study is the ulcer project. Here a monkey is confined to a specially constructed chair during most of his life. While seated in the chair to which he is thoroughly accustomed and in which he appears quite comfortable, he may be exposed to a great variety of stimuli, either visual, acoustical, tactile or vestibular. In addition, drugs or other chemical agents can be administered by any appropriate technique and, of course, the animal can be given various aversive stimuli such as electric shock. With levers, knobs, or buttons placed in appropriate positions the animal can give patterns of behavior. The same cannulae and electrodes which are used to administer pharmacological agents or shock can be used to record electrical phenomena or obtain blood, urine or other body secretions. Several years ago, Brady and his colleagues discovered that a series of monkeys exposed to a continuous and difficult avoidance situation developed peptic ulcers. Since that time a great many experiments have been run attempting to determine the precise conditions

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[1]Paper read at The Fourth Annual Conference of Psychologists, Army Medical Service, New York City, 30 August 1961.

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under which ulcers will develop. A number of factors are important; e.g. the duration of the stress, the degree of uncertainty in the situation, and the prior history of the animal. An animal, for example, which has been gentled during infancy seems less likely to develop psychosomatic disorders. During the behavioral studies, the Department of Endocrinology takes blood and urine samples from which a very large number of body chemicals can be assayed. Studying patterns in the rise and fall of several chemicals over time has revealed that after a period of 72 hours of continuous performance on a difficult avoidance task, certain endocrine substances remain elevated in blood or urine for many weeks.

The stress project with animal subjects has been extended in a number of ways to the study of humans. For example, a Skinner Box for human subjects has been placed on the Experimental Schizophrenia Treatment Ward which is directed by Col. Artiss. The box consists of a sound treated booth which contains manipulanda as well as various kinds of visual and auditory stimuli. The first problem was to locate a reinforcer which would help establish and hold behavior in schizophrenic subjects and normal controls. One of the most effective reinforcement techniques has been the use of TV Trading Stamps. The subject, working on one of the operant conditioning schedules, is given poker chips according to the reinforcement schedule. He can trade the chips for stamps which he can then save or trade in for gifts at a kind of Post Exchange. One interesting question is whether the schizophrenic patient will save his stamps for an expensive gift or will trade them immediately for small items. Generally speaking, the main difference between schizophrenic and normal subjects in their performance in this situation has been that the schizophrenics are not as responsive to changes in the schedule of reinforcement as normals are. Normals behave in such a way as to maximize their gains with the most economical expenditure of energy. They can be placed under tight stimulus control. For schizophrenics the pattern of behavior may or may not be optimal.

The most extensive work on stress with human subjects has used acute sleep deprivation. Most of you are familiar with the main results of our studies of sleep loss so I will not describe them here. One finding which interested us a great deal was that sleep deprivation produced physiological changes, particularly in the electroencephalogram, such that after 70 or 80 hours of wakefulness a subject who was communicating, following commands and solving problems, looked electrophysiologically like a sleep walker. This has led us to a series of studies of performance during natural sleep. In one project, for example, a subject goes to sleep in a sound treated electrically shielded booth. During sleep, he is presented with various auditory signals and he is expected to respond to certain of these. If he fails to respond to the critical signals, he is awakened, abruptly. Subjects learn to respond correctly and to avoid being aroused. We are interested in knowing how complex these stimulus patterns can be before performance during sleep breaks down. The work on sleep is done in collaboration with John Armington's section. John and his staff are interested primarily in electrophysiological measurement in the physiological correlates of behavior. While a substantial amount of their time is spent in the study of vision, they also work on the EEG and behavior. Recently, our two Departments have been developing a computer laboratory which contains both analog and digital equipment and which can handle data

collected in several physiological and behavioral laboratories. By using magnetic tape recorders we can collect physiological or behavioral data at Walter Reed Hospital and process it on our computer at Forest Glen. One of the first jobs we hope to teach the digital computer to do is score the patterns of sleep in the human EEG.

Besides the studies of stress and of the physiological correlates of behavior, we are working on problem-solving, thinking and language in children and adults. The aim of the project is to analyze problem-solving as an information-processing system. We have been concerned primarily with mechanics of concept attainment. Dr. Murray Glanzer, the director of this project, has found that he can manipulate independently various loads which are placed on the subject. For example, he can vary the load placed on the storage function, or the load placed on operations which are to be done on the stored information. Recently, Dr. Glanzer's group has been joined by physiological psychologists in studies of electrophysiological patterns which emerge at various stages in the problem-solving process.

Finally, I want to mention an interest which all of who work with human subjects have developed in the past year or so. This is the study of language. The advent of digital computers and the application of probability models to human behavior has, we think, increased the likelihood of a break-through in the understanding of human language and communication. We may be on the verge of a system or model which will contain a sufficient set of rules for the generation of grammar. We think that if we can get an understanding of implicit rules of syntax and grammar which program the speech of a human subject, we may move a step in understanding the organization of the nervous system as well as toward understanding language and communication. In one such project, we are collecting a complete corpus of the language of several children from the time that they first seem to use words as signals and symbols until their sentences become too complex and numerous for one person to record. We are trying to induce the rules of grammar which are implicit in the speech of two-year old children. These psycho-linguistic studies extend to normal adults as well as to schizophrenic and brain-injured patients.

Since my assignment to Walter Reed in 1954, the range of research in the Neuropsychiatry Division has grown but the size of the professional staff has decreased. You will have noticed that the research in our Department has become more physiological and less clinical or social. This is due largely to the fact that we are situated in a strong physiological measurement situation. However, we have not been able to replace our losses, either in the clinical or social field, because we generally lose the position if we lose the man. The Army has used this technique of attrition in order to satisfy the personnel reductions which have been specified by Congress each year for the past few years. We feel a specific need to increase our research efforts in the clinical area and we are hoping that at least one clinical psychologist can be assigned to the program during the fiscal year.

PSYCHOLOGY PROGRAM IN THE ARMY MEDICAL SERVICE--CONSULTANT'S REPORT*

Wendell R. Wilkin, Lt Col, MSC**

This brief review covers events during the period from 1 September 1960 to 30 August 1961. Within this span of time there has been continued growth and development in the Psychology program in the Army Medical Service.

During the past year there were a total of 85 commissioned psychologists in the Army Medical Service. This number included clinical and experimental psychologists and participants in the Graduate Student Program. Psychologists are assigned to the staffs of 32 different agencies. These include, Mental Hygiene Consultation Services, research agencies, and hospital clinics.

A career progression pattern embracing a broader application of psychology in the Army Medical Service was developed. This pattern placed emphasis on the following areas in professional psychology:

a. Research

b. Consultation

c. The modification of behavior

d. Training (including participation in teaching programs)

e. Psychological assessment

A large number of significant studies were carried out by psychologists in the research and development laboratories, in the hospitals, and in the various Mental Hygiene Consultation Services. Noteworthy were studies on psychological reactions to basic training, carried out at Fort Dix, and research for criteria to aid on the early identification of noneffective soldiers, at Fort Bragg. Many other studies dealing with reactions to stress,

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**Clinical Psychology Consultant, Office of The Surgeon General, Department of the Army, Washington 25, D. C.

sensory processes, psychological assessment, psychotherapy, and intracranial pathology were conducted during this period.

Approximately 25 scientific papers and addresses were presented to international, national and regional professional conferences. An action designed to unify the Psychology program occurred when the Psychology Consultant in the Office of The Surgeon General was assigned the responsibility of monitoring assignments of both Experimental and Clinical Psychologists. An extensive liaison program with the Departments of Psychology in American universities and colleges was carried out by the Psychology Consultant. This Consultant also represented the Office of The Surgeon General at several national professional meetings, and served with an inter-agency committee to the American Psychological Association. An exhibit portraying the activities and outlining opportunities for a military career for psychologists in the Army Medical Service was constructed and exhibited at several conferences.

Internship training in clinical psychology was carried out by the psychological services at Letterman General Hospital and Walter Reed General Hospital. This training included orientation visits to the field programs currently carried out in the MHCS at Fort Ord, California, and Fort Belvoir, Virginia.

The following psychologists successfully completed written and oral examinations and were awarded certificates as Diplomates in Clinical Psychology by the American Board of Examiners in Clinical Psychology:

Major Walter Limbacher
Major John Devlin
Captain Charles Thomas
Captain Robert Nichols

Psychologists also attended the post-doctoral institute sponsored by the American Psychological Association and other workshop designed to enhance their professional training.

A highlight of the year was the Third Annual Conference of Army Clinical Psychologists held at Chicago, Illinois, on 31 August 1960. This meeting, attended by approximately 25 Army Psychologists, featured an address by Colonel Sterrett E. Dietrich, Surgeon, Fifth United States Army. In addition, there were 10 papers dealing with the application of psychology to problems in the military service by psychologists from various field units. This annual conference offered an outstanding opportunity for psychologists to exchange ideas, discuss problem areas and in general to acquaint themselves with opportunities for a broader and more effective application of their training to problems in the Army Medical Service.

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